

[Company Name]

[Street Address]

[City, ST ZIP]

Phone: (000) 000-0000

INVOICE

BILL

Name : Saurabh Singh

Mobile : 8310238682

Address : S-2 Sri Ranga Apartment, Iti layout, Bangalore

Date : 08-12-2020

DESCRIPTION	AMOUNT
Cab Charges	375
TOTAL	375

If you have any questions about this invoice, please contact
[Name, Phone, email@address.com]